

WASHINGTON STATE



ASTHMA PLAN

EXECUTIVE SUMMARY

**Washington Asthma
Initiative**

November 2005



Washington State Asthma Rate Among the Highest in the US

400,000 Washington adults
& 120,000 youth currently
have asthma

1 in 10 households with
children have a child with
asthma

Nearly 100 people die in
Washington every year as a
direct result of asthma

More than 5,000 people
are hospitalized every year
because of asthma

Asthma costs more than
\$400 million every year in
medical expenditures and
lost productivity

Over 75% of adults and
youth with asthma reported
they had asthma symptoms
during the past month.

Half of adults and one-
third of youth with asthma
reported having trouble
sleeping because of their
symptoms.

Asthma is one of the most common chronic diseases worldwide, and an important health issue in our state.

Unmanaged Asthma Can Impact Lives

Unmanaged or undertreated asthma can increase missed school or work days and disrupt sleep. Symptoms can interfere with physical activity.

Most Hospitalizations Are Preventable

Proper medical care, routine monitoring of lung functions using a peak flow meter, adherence to medication and avoidance of asthma triggers can eliminate trips to the hospital.

Access to Medical Care and Trigger Reduction are Critical

Supporting access to medical care and the reduction of asthma triggers in public settings is important for people to manage their asthma.

Effectively Addressing Asthma Requires a Coordinated Approach

A long-term coordinated and multifaceted approach is required to improve outcomes for all persons with asthma. This is only accomplished through attention to equity and the most efficient use of resources.

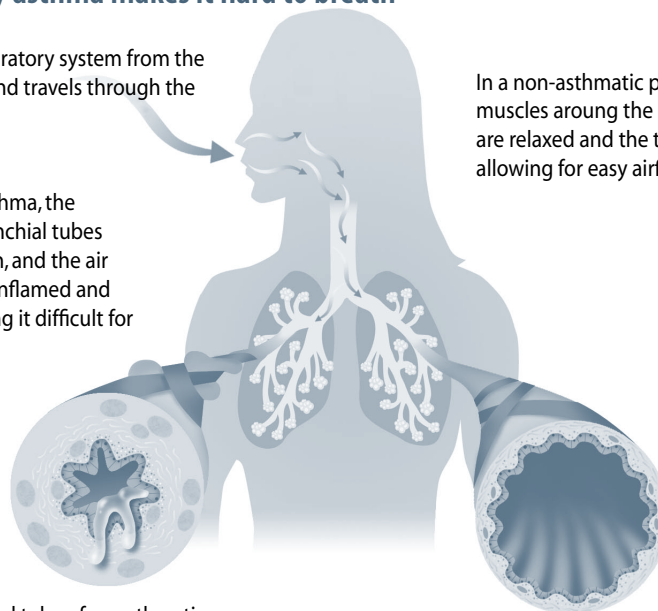
Asthma is

Why asthma makes it hard to breathe

Air enters the respiratory system from the nose and mouth and travels through the bronchial tubes.

In a non-asthmatic person, the muscles around the bronchial tubes are relaxed and the tissue thin, allowing for easy airflow.

In a person with asthma, the muscles of the bronchial tubes tighten and thicken, and the air passages become inflamed and mucus-filled, making it difficult for air to move.



Inflamed bronchial tube of an asthmatic

Normal bronchial tube

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Airway Obstruction

A blockage of an airway that is generally reversible either on its own or with treatment

Airway Inflammation

Swelling of the airways which can reduce the amount of air flowing to and from the lungs

Airway Hyper-responsivity

An exaggerated narrowing of the airways which limits airflow in response to a wide variety of stimuli, including allergens/asthmagens, environmental irritants, viral infection, or exercise.

Development of the Washington State Asthma Plan

The Washington Asthma Initiative (WAI) has been a statewide coalition of health providers, lung health advocates and public health professionals formed to make recommendations and provide coordination improve the prevention, diagnosis and management of asthma in Washington State. WAI is joined by the American Lung Association of Washington, the Washington State Department of Health (DOH) and key stakeholders from around the state in the development of a statewide asthma plan. Through the WAI the Washington State Asthma Plan reflects the input and needs of the citizens residents of Washington State supported by the expertise and resources of DOH.

Seven workgroups were established to create the State Asthma Plan:

1. Community-Based Activities
2. Data & Surveillance
3. Environmental & Occupational
4. Healthcare & Practitioner Support
5. Policy & Advocacy
6. Communication & Coordination
7. Asthma Plan Project Team (APPT)

The workgroups were charged with making recommendations on outcome-based strategies that:

- Empower the individual to have adequate control over his/her asthma
- Improve the care of people with asthma
- Limit potential asthma triggers in the environment
- Improve local and state infrastructure for prevention and treatment of asthma

Community Based Activities (CBA)

Asthma is an issue that deeply affects individuals, families, schools, child care providers, health care providers and the community.

CBA Goal 1: Improve the understanding and management of asthma as both a personal and public health issue for persons with asthma and their families, policy makers, and the general public in Washington State.

Objectives:

- By 2010, increase the understanding of asthma through asthma awareness programs and education in Washington State
- By 2010, implement at least 50% of the prioritized objectives of the Washington State Asthma Plan
- By 2008, identify community asthma educational needs for community programs serving children (including child care providers), adults and the older adults, their paid and unpaid caregivers and underserved populations within Washington State
- By 2010, increase the number of community-based programs serving youth (e.g., youth day camps, summer camps, sport leagues) and older adults which report utilizing asthma management plans and have asthma-friendly policies in place

Health Care (HC)

The role of the health care practitioner is to work with persons with asthma to control their disease and prevent it from interfering with daily life. When an exacerbation of asthma occurs, disease management becomes urgent.

HC Goal 1: Provide all persons with asthma access to quality asthma care in Washington State.

Objectives:

- By 2010, Washington State will utilize public health and medical care approaches to reducing the burden of asthma through increased access to health care service delivery statewide
- By 2010, people with asthma in all areas of the state will receive quality asthma care from health care practitioners with current expertise in managing asthma

HC Goal 2: Promote optimal patient care of all persons with asthma through seamless and timely tracking of asthma care service utilization statewide.

Objective:

- By 2010, a comprehensive surveillance and monitoring system will be in place in order to assess asthma care in Washington State

HC Goal 3: Assure health care practitioners and health care delivery systems will provide high quality care that follows national and state guidelines.

Objective:

- By 2010, at least 80% of health care practitioners will deliver asthma care that follows national and state guidelines

HC Goal 4: Continuously monitor changes in the field of asthma care and incorporate as appropriate.

Objectives:

- By 2006, develop a statewide communication system for new information and research about asthma care
- By 2010, explore the role of complementary and alternative medicine (CAM) in asthma care on an ongoing basis

Asthma and the Environment (AE)

Environmental exposures play an important role in asthma management. The main factors responsible for causing asthma exacerbations and persistent symptoms are exposure to allergens, irritants, and viral respiratory infections.

AE Goal 1: Assure a safer and healthier environment for persons with asthma in Washington State.

Objectives:

- Through 2010, assess prevalence of exposures to environmental asthma triggers
- Through 2007, conduct a targeted needs assessment to identify educational needs of the public on environmental asthma triggers
- Through 2010, increase awareness among Washington State residents of the significant impact of indoor and outdoor environmental factors in the development and management of asthma

- Through 2010, raise awareness among housing and building professionals including architects, building engineers, construction contractors, building owners/managers and maintenance staff about exposures in the environment linked to the development or worsening of asthma
- Through 2010, decrease exposures in the indoor (car, home, schools, child care, etc.) and outdoor environment that can worsen asthma or lead to asthma development

Asthma in Educational Settings (AES)

Asthma, especially under-treated or untreated asthma, can hinder a child's ability to attend, participate and learn in school or child care programs.

AES Goal 1: Increase the number of 'asthma-friendly' schools in Washington State.

Objectives:

- By 2010, increase the number of schools reporting implementation of emergency care plans for all identified students with asthma
- By 2007, expand asthma-related school-based data collection systems in Washington State
- By 2010, increase the number of schools that report utilizing an evidence-based school environmental assessment program

Work-related Asthma (WRA)

Work-related asthma is a significant and preventable public health problem and is considered a priority condition in the National Occupational Research Agenda by the Centers for Disease Control and Prevention.

WRA Goal 1: Reduce work-related asthma in Washington State.

Objectives:

- Through 2010, increase education of asthmagens and asthma triggers in the workplace among physicians, employers, and employees
- Through 2010, decrease worker exposure to asthmagens and common asthma triggers in the workplace

Health Disparities (HD)

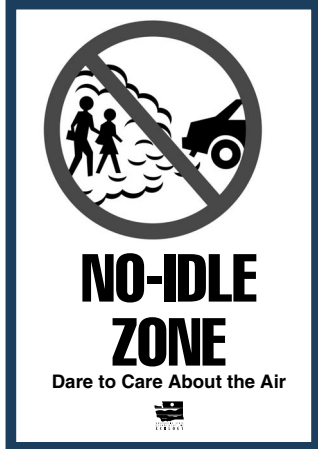
Although asthma affects Americans of all ages, races, and ethnic groups, low-income and minority populations may experience substantially higher rates of fatalities, hospital admissions, and emergency department visits due to asthma

HD Goal 1: Reduce health disparities related to asthma in Washington State.

Objectives:

- Through 2010, minimize communication barriers due to language and cultural differences by translation of education materials into a variety of languages and culturally appropriate outreach strategies
- Through 2010, increase the Washington Asthma Initiative's knowledge of the needs of health-disparate communities
- Through 2010, increase data sources that capture race/ethnic data in Washington State





Data and Surveillance (DS)

The purpose of a surveillance system is to monitor trends in the disease and its management in order to prevent or better control it within the population. Asthma surveillance is a critical component of public health efforts to address asthma.

DS Goal 1: Analyze public health surveillance data and describe asthma prevalence and impact within the Washington State population.

Objective:

- Through 2010, conduct descriptive epidemiologic analyses to characterize the distributions of asthma prevalence, morbidity, and mortality in Washington State

DS Goal 2: Support planning and evaluation of goals and objectives within the Washington State Asthma Plan.

Objectives:

- Through 2010, develop a data collection plan that reflects the priorities within the State Asthma Plan and provides data at timely intervals for objective development or objective evaluation
- Through 2010, identify existing resources, opportunities and models that may fill data gaps to be identified by data and surveillance stakeholders in the State Plan process

DS Goal3: Provide data to our stakeholders on a routine basis, in easily accessible and understandable formats, to support communication about the importance of addressing asthma as a priority in public health.

Objectives:

- Through 2010, disseminate (up to 4 times per year) new data findings through short reports in a newsletter
- Through 2010, disseminate an updated "The Burden of Asthma in Washington"
- Through 2010, continue to meet with asthma stakeholders to identify key questions and priorities to include when planning data collection and analyses

Policy and Advocacy (PA)

Asthma is a national problem which requires multidimensional policy actions within and among private and public agencies at the local, national and federal level.

PA Goal 1: Advocate and support policies that improve the quality of life for persons with asthma in Washington State.

Objectives:

- Through 2010, support smoke-free policies in Washington State
- Through 2010, promote requirements for construction and maintenance of public buildings (including school buildings and state and local offices) that promote clean indoor air and prevent "sick buildings"
- Through 2010, support policies that promote clean outdoor air in Washington State
- Through 2010, increase the number of school-based asthma/asthma-related policies
- Through 2010, support local asthma coalitions in policy advocacy in their local communities
- Through 2010, support policies to promote access to appropriate health care

Partnering to Address Asthma

Reducing asthma at the individual and societal level requires the interest and assistance of all people, not just those affected with asthma and their families or health care providers.

To get involved in addressing asthma or obtain more information: go to the WAI website, www.alaw.org/asthma/washington_asthma_initiative

Washington Asthma Initiative Steering Committee Members

- ▲ **Sean D. Sullivan, R.Ph., PhD** – WAI Chair, University of Washington Professor of Pharmacy, Public Health and Medicine, Global Initiative on Asthma

Member

- ▲ **Nancy Anderson, MD MPH** – Department of Social and Health Services, Medical Assistance Administration, Division of Program Support, Office Chief, Office of Family Services
- ▲ **Leslie Benoit** – American Lung Association, Yakima
- ▲ **Jacques Bouchy** – Schering-Plough, Senior National Account Executive
- ▲ **Dave Bonauto, MD, MPH** – Washington State Department of Labor and Industries Safety and Health Assessment and Research for Prevention Program Associate Medical Director
- ▲ **Christy C. Curwick, MPH** – WA Department of Labor and Industries, SHARP Program, Research Investigator
- ▲ **Julia Dilley, PhC MES** – Washington State Department of Health, Epidemiologist

- ▲ **Robin Evans-Agnew, RN, MN, AE-C** – American Lung Association of Washington, Director of Programs and Advocacy
- ▲ **Laird F. Harris** – American Lung Association of Washington, Board Steps to Health, King County, Chair, Leadership Team Washington Asthma Initiative, Co-chair Policy and Advocacy
- ▲ **Jim Krieger, MD, MPH** – Public Health - Seattle & King County, Medical Director University of Washington Schools of Medicine and Public Health King County Asthma Forum Steps to a Healthier King County
- ▲ **Randy Legg, PharmD, MBA** – AstraZeneca, Medical Information Scientist Washington State University, Adjunct Faculty Professor
- ▲ **Steven Macdonald PhD, MPH** – Washington State Dept. of Health, Office of Epidemiology Epidemiologist University of Washington, Dept. of Epidemiology Clinical Associate Professor
- ▲ **Amy Manchester Harris, MPA** – Washington State Department of Health, Asthma Program Manager Washington State Public Health Association-member
- ▲ **Penny Nelson, BS** – Asthma & Allergy Foundation of America, Washington Chapter

- ▲ **Leanne Noren** – American Lung Association of Washington, Chief Operations Officer
- ▲ **Peggy Soule Odegard Pharm.D., R.Ph, BCPS** – University of Washington, Senior Lecturer and Director, Geriatrics Certificate Program, School of Pharmacy Evergreen Senior Health Specialists, Clinical Specialist and Educator
- ▲ **Greg Redding, MD** – Professor of Pediatrics University of Washington School of Medicine Chief, Pediatric Pulmonary Division, Children's Hospital and Regional Medical Center, Director, Pediatric Pulmonary Training Center Medical Director, Respiratory Therapy Department Children's Hospital and Regional Medical Center Public Health - Seattle & King County King County Asthma Forum
- ▲ **Terry R. Rogers, M.D** – Clinical Professor of Medicine, Department of Pulmonary Critical Care, University School of Medicine
- ▲ **Art Sprenkle, MD** – Washington State Medical Education and Research Foundation
- ▲ **Gayle Thronson, RN, MEd** – Office of Superintendent of Public Instruction, Health Services Program

Asthma Plan Project Team

A special committee appointed by the WAI steering committee provided overall plan guidance.

APPT Chairs

- **John Thayer, RS, APPT CO-Chairs** – Washington State Environmental Health Association-member Washington State Public Health Association-member Yakima Area Asthma Coalition-member
- **Gail Shapiro, MD, APPT Co-Chair** – Clinical Professor of Pediatrics, University of Washington Allergist, NW Asthma and Allergy Center, Former chair of the American Academy of Allergy, Asthma and Immunology

Member

- **Nancy P. Bernard, MPH** – Washington State Department Of Health, Public Health Advisor 3

- **Cindy Cooper, RN, AE-C** – Allergy & Asthma Center of SW Washington, Director of Clinical Services & Asthma Care Manager SW Washington Asthma Coalition, Coordinator Association of Asthma Educators School Nurses of Washington
- **Wendy Jones RN** – Olympic Educational Service District School Nurse Corps Supervisor Chair Kitsap Asthma Coalition
- **Karen E. Krueger, RN, MN, MBA** – WA State Dept of Health, Public Health Nurse Consultant
- **Steven Magasis, MSPH, CIH** – The Boeing Company, 787 SHEA
- **Gloria Northcroft, R.Ph, MS** – Genetech
- **Carrie Nyssen** – American Lung Association of Washington, Advocacy Director
- **Jane W. Peterson, RN, PhD** – Allies Against Asthma, Project Director King County Asthma Forum, Chair Seattle University, Professor of Nursing
- **Rich Prill** – Washington State University Extension Energy Program Building Science & Indoor Air Quality Specialist
- **Dan Robison, PE, AE-C** – Inland Northwest Asthma Coalition, Coordinator American Lung Association of Washington, Asthma Friendly Schools Pilot Project, Stevens Elementary School, Spokane, Washington American Lung Association of Washington, 2005 Spokane Asthma Walk Coordinator
- **Holly Tull, RRT, AE-C** – Yakima Valley Memorial Hospital, Respiratory Therapist Yakima Area Asthma Coalition, Chairman
- **Laura A. White, R.S.** – Washington State Department Of Health, Public Health Advisor 3 Washington State Board of Registered Sanitarians, Chairman Washington State Environmental Health Association, Member
- **Kimberly Wicklund, MPH** – King County Asthma Forum, Coalition Coordinator Allies Against Asthma, Project Manager

